Adoption and the Implications for Early Intervention: Key Points

The following information was taken from: Johnson, DE, Dole, K. International Adoptions: Implications for Early Intervention. *Infants and Young Children*. 1999; 11:34-45.

Although the article deals specifically with international adoption, the information below has implications for many adopted children and families.

Medical Screening Tests for International Adoptees

- Hemoglobin, RBC indices and serum iron studies
- Urinalysis
- Hepatitis B profile, to include HBsAg, anti-HBs and anti-HBc; all patients who are positive for Hepatitis B surface antigen are evaluated for the presence of hepatitis B antigen, delta agent, and elevated transaminase levels
- HIV-1 and HIV-2 testing by ELISA and by PCR or culture in all children
- VDRL or RPR for syphilis
- Mantoux (intradermal PPD) skin test with *Candida* control
- Stool examination for ova and parasites; symptomatic children should also receive stool cultures for *Salmonella, Shigella, Yersinia and Campylobacter*
- Hepatitis C antibody
- Blood lead level
- Thyroid function testing
- Vision and hearing testing

Factors Affecting Development

- Genetic Background
- Prenatal care
- Birth history
- Age at time of adoption
- Country of origin
- Living environment prior to adoption
- Length of time in institutional care and number of placements
- Quality of care in institution – caregiver-to-child ratio, etc.
- Malnutrition
- Physical, sexual, or emotional abuse
- Medical problems
- Hearing and vision abnormalities
- Cultural issues
- Sensory deprivation
- Insecure attachment
- ADD and ADHD
- FAS/FAE
- Separation and loss issues
- Eating and sleep disturbances

Guidelines for Initial Developmental Assessment

1. Avoid standardized evaluations. Results will not be valid and most children show significant changes in their development within the first several months after arrival
2. Use functional activities to gather information about the child
3. Ask the parents if they have seen changes in the child since the child joined them. If the parents report no changes, the child should be followed closely, as most children make developmental changes quickly.
4. A general guideline is that for each 3 months in an institution, a child will lose approximately 1 month of development.
5. Neurodevelopment assessments may be most helpful for young children (less than 20 months) to rule out neurological problems such as cerebral palsy.
6. Have an interpreter present for children over 3 years of age to ascertain if the child has age-appropriate language skills in his or her mother tongue.
7. Adapt the session to the age of the child and the length of time the child has been in the adoptive home.
8. Newly arrived adoptees are difficult to evaluate even under optimal conditions. Try to perform the development assessment when the child is at his or her best (e.g., well-fed and rested, and prior to procedures that cause discomfort).

Easing the Transition from the Orphanage to a Family

1. Postinstitutionalized children do best in a highly structured environment. Children vary in their ability to tolerate change and uncertainty, but starting out with an organized home life minimizes regressive behavior. This holds true for the therapeutic environment as well. Children gain little in situations where anxiety and hypervigilance predominate.
2. Maximize parent-child interactions, especially reading and holding. Activities should be adjusted to fit the developmental state, not the chronological age, of the child.
3. Limit contact with individuals outside the family in order to reinforce parent-child attachment. If a child exhibits indiscriminate friendliness, parents should inform the individual to who the attention is directed that this behavior is not permitted because the child needs to learn the importance of the parent-child relationship and appropriate behavior toward strangers.
4. Encourage structured interactions with other children, but only when a parent is present. This fosters appropriate attachment and models suitable behavior for the child.
5. Avoid overstimulation; postinstitutionalized children have a limited ability to autoregulate. Activities viewed as apart of normal family life (e.g., a trip to the mall or amusement park) will reliably lead to total decompensation in most postinstitutionalized children during the first 6 months of the placement).
6. Tolerate bizarre behaviors as long as they pose no safety risks. Most diminish with time and reemerge only when the child is tried or stressed.
7. Seek help early. Parents have a tremendous emotional investment in their child and oten a strong need to “normalize” abnormal development or destructive or dangerous behaviors. Parents should avoid making excuses to explain delays. Encourage parents to seek help early since prompt intervention usually results in better outcomes.

Common Postarrival Issues

"Often the only support parents need is confirmation that these behaviors are commonly encountered in adoptees, particularly those placed from institutional care settings":

- Feeding difficulties (particularly foods that require chewing)
- Preoccupation with the availability of food
- Sleep disorders
- Emotional decompensation when faced with situations that mimic terrifying events of the past
- Self-stimulation
- Indiscriminate friendliness
- Tactile defensiveness with hyper- or hyposensitivity to touch, smell, taste, light and sound
- Pain agnosia

Guidelines for Early Referral

Children less than 2 years of age

- A diagnosis known to affect development (e.g., cerebral palsy, fetal alcohol syndrome, Down Syndrome, etc.)
- An identified health or medical problem (e.g., malnutrition, tuberculosis, club feet, impaired vision or hearing, etc.)
- A small head circumference-less than the 5th percentile on a growth curve appropriate tot he child's country of origin
- Absent or poor eye contact
- Self-stimulating behaviors which are diminishing (e.g., rocking, head banging, etc.)
- Significant developmental delays greater than those typically seen in internationally adopted children from similar environments
- Abuse
- Limited or absent vocalizations
- Excessive irritability or inconsolability
- Any combination of the above factors

Children 2 years of age or more (above items apply as well)

- Aggressive or violent behavior
- Poor attention span (not related to language)
- Decreased language/articulation skills in native language
- Indiscriminate friendliness
- Inappropriate behavior
- Poor memory
- Attachment issues
- Learning delays